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Request **Application Number** 10/049,315-Conf. #3720 For Filing Date February 8, 2002 Continued Examination (RCE) Transmittal First Named Inventor Yuji Sawada Address to: MS RCE 2178 Art Unit Commissioner for Patents P.O. Box 1450 K. R. Stork **Examiner Name** Alexandria, VA 22313-1450 56924(70551) Attorney Docket Number

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

8, 1995, or to any design application.
1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on
ii. Other
b. x Enclosed
i. X Amendment/Reply iii. Information Disclosure Statement (IDS)
ii. Affidavit(s)/Declaration(s) iv. Other
2. Miscellaneous
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a
period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required
b. Other
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
a. X The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any
overpayments to Deposit Account No. <u>04-1105</u> . I have enclosed a duplicate copy of this sheet.
i. X RCE fee required under 37 CFR 1.17(e)
ii. Extension of time fee (37 CFR 1.136 and 1.17)
iii. Other
b. Check in the amount of \$ enclosed
c. Payment by credit card (Form PTO-2038 enclosed)
SIGNAȚURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED
Signature Date September 8, 2006
Name (Print/Type) Steven M. Jersen Registration No. 42,693

09/13/2006 AWONDAF1 00000054 041105 10049315

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Dursuant to the Consoli						plete if Knowi		i. i
			A A	pplication Num	nber 1	0/049,315-Co	nf. #3720	0
FEE TR	ANDI	MIIAL	F	iling Date	F	ebruary 8, 200	02	
For FY 2006			F	First Named Inventor		Y. Sawada		
			E	xaminer Name	ŀ	K. Stork		
Applicant claims sn	nall entity status	s. See 37 CFR 1.27	A	rt Unit	2	178		
TOTAL AMOUNT OF PA	AYMENT	(\$) 790.00	A	ttomey Docket	No.	6924 (70551)		
METHOD OF PAYME	NT (check a	II that apply)					-	
Check Credit	Card	Money Order	None	Other (please identi	fy):		
X Deposit Account D	enosit Account Nu	mber: 04-1105 De	 enosit Accour	ıt Name:	Edwards A	Angell Palmer &	& Dodge	LLP
<u>. </u>		it account, the Di	•	<u> </u>	*****			
	(s) indicated t		00.01 15 110			icated below, ex	cept for t	he filina fee
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	r additional te er 37 CFR 1.1	e(s) or underpayn 6 and 1.17	nent of	x Credit	any overpa	yments		
FEE CALCULATION	(All the fee	s below are du	e upon f	iling or may	be subje	ct to a surcha	rge.)	
I. BASIC FILING, SEAR						.=-		
	FILI	NG FEES	SEAR	CH FEES	EXAMIN	ATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	300	150	500	250	200	100	1 000	1 414 (4)
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	5					•	Fee (\$)	Small Entity Fee (\$)
Fee Description Each claim over 20 (incl	udina Reissus	ec)					50	25
Each independent claim	•	•					200	100
Multiple dependent clain	•	6 Kolbbuos,					360	180
• •	ra Claime	Fee (\$)	Fee Pair	d (\$)	Mu	iltiple Depende		

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Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	;							Small Entity
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (inclu	iding Reissues)					50	25
Each independent claim of	over 3 (includin	ng Reissues)					200	100
Multiple dependent claim	ıs						360	180
Total Claims Extr	a Claims F	Fee (\$)	Fee Paid	d (\$)	<u>Mul</u>	tiple Depen	dent Claims	
22 -22 =	0 x				<u>Fee</u>	<u>(\$)</u>	Fee Paid (<u>5)</u>
HP = highest numer of total cl	aims paid for, if gre	eater than 20.	-					<u>_</u>
Indep. Claims Extr	a Claims F	ee (\$)	Fee Paid	d (\$)				
5 -5 =	0 ×	=					•	
HP = highest numer of indepe	ndent claims paid	for, if greater tha	n 3.	-				_
3. APPLICATION SIZE F	EE							
If the specification and o								
listings under 37 CFI						ity) for each	additional 5	0
sheets or fraction the	reof. See 35 U	J.S.C. 41(a)(1)(G) and 37	CFR 1.16(s).				
<u>Total Sheets</u>	Extra Sheets	Numbe	r of each addi	tional 50 or fra	ction thereof	<u>Fee (\$)</u>	<u>Fee</u>	<u> Paid (\$)</u>
- 100 = _		/50	(ro	und up to a wh	ole number) x		_ =	
4. OTHER FEE(S)							<u>Fees</u>	Paid (\$)
Non-English Specifica	ation, \$130 fe	e (no small e	ntity discoun	ıt)				
Other (e.g., late filing	surcharge): 18	301 Reques	t for Contin	ued Examin	ation		790.00	

SUBMITTED BY					
Signature	The	Registration No. (Attorney/Agent)	42,693	Telephone	(617) 439-4444
Name (Print/Type)	Steven M. Jerisen			Date	September 8, 2006